



Payment Agreement

6520 Powerline Road
Fort Lauderdale, FL 33309
Phone: 954-771-5544 Fax: 954-771-5289

I/We understand that all orders will be paid for by the date shown on the corresponding invoice. Discount is allowable as shown on each invoice, and if not paid on or before said date, is then delinquent. I/We agree to pay any and all legal service charges added on to all past due invoices. Including 1.5% in monthly interest on any delayed payment.

Customer Name: _____ **Email:** _____

Business Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone (include area code): _____ **Fax:** _____

Description of Business: _____

Years in Business: _____ **Incorporated in what State:** _____ **Federal ID:** _____

Names of Persons authorized to place orders: _____

PO Required: YES or NO

1. Name of Principal: _____ **SSN:** _____

Home Address: _____ **DOB:** _____

2. Name of Principal: _____ **SSN:** _____

Home Address: _____ **DOB:** _____

Bank Name: _____	Account: _____
Contact Name: _____	Phone: _____ Fax: _____
References:	
1. Company: _____	Account: _____ Phone: _____ Fax: _____
Address: _____	City: _____ State: _____ Zip: _____
2. Company: _____	Account: _____ Phone: _____ Fax: _____
Address: _____	City: _____ State: _____ Zip: _____
3. Company: _____	Account: _____ Phone: _____ Fax: _____
Address: _____	City: _____ State: _____ Zip: _____

My Signature below authorizes Triton Stone Group to obtain information from any bank account or company listed above and indicates to terms of sale and credit terms.

If Credit is granted, I/We agree to the above and the undersigned is/are responsible for payment of the account.

I/We do further agree, that if the amount must be placed in collections, to pay any and all collection fees, attorney fees and court costs, associated with said collection. In consideration of extending credit to the above company at my request, I/We do hereby personally guarantee the payment of their entire obligation to Triton Stone Group.

It is agreed that this contract and any and all disputes regarding its terms or the articles or goods sold hereunder shall be governed by, construed and enforced in accordance with the laws of the State of Florida.

By signing this I hereby personally and individually guarantee repayment of any obligations to the above mentioned vendor in the event of default or non-payment.

Signed: _____ **Print Name:** _____ (Authorized Purchaser)

Email: _____ **Cell Phone:** _____

Signature of Officer/Owner: _____ **Date:** _____

Print Name: _____ **Title:** _____

Taxes to be charged: _____ YES _____ NO (Please send Tax Exempt form if applicable)

*If sent via Fax, Email or Mail, please include copy of State Issued ID.